VIRGINIA SQUITIERI DIRECT: (212) 453-0772 VSQUITIERI@GRSM.COM



ATTORNEYS AT LAW
1 BATTERY PARK PLAZA
28TH FLOOR
NEW YORK, NY 10004
PHONE: (212) 269-5500
FAX: (212) 269-5505
WWW.GRSM.COM

June 2, 2023

VIA MAIL & E-MAIL – npalazzo@definolawyers.com

De Fino Law Associates, P.C. 2541 S. Broad Street Philadelphia, PA 19148

Attn: Nicholas L. Palazzo, Esq.

Re: Patricia Bevins; Fabuloso Multi-Purpose Cleaner Recall

Dear Mr. Palazzo:

Our office has been hired to assist Colgate-Palmolive Company ("Colgate") in collecting information pertaining to claims involving the Fabuloso recall. We are in receipt of your correspondence dated May 22, 2023 relative to Patricia Bevins.

In order for us to process and assess this claim, we have enclosed a Consumer Data Form to be completed and returned to us along with photographs and other supporting documentation identified therein. We would appreciate your client completing and returning the form within twenty (20) days.

As more fully identified in the attached document, we request that any supporting documentation be provided contemporaneously with the Form to the extent it is available. This includes any proof of purchase of the Fabuloso product; photographs of the product; and, all medical records related to your client's claim associated with the recall.

Please send the completed Consumer Data Form and materials by email to:

Virginia Squitieri:vsquitieri@grsm.comErik DiMarco:edimarco@grsm.comNunzio Moudatsos:nmoudatsos@grsm.com

Thank you in advance. We look forward to discussing this matter more fully with you.

Sincerely,

Virginia Squitieri

Enclosures (as indicated)

CONSUMER DATA FORM				
CONSUMER INFORMATION				
Full Name: Patricia Bevins	Sex:  □ xFemale	Date of Birth: 5/18/91	Weight:  ☐ LB ☐ Kg	
Mailing Address and email address:  C/o 2541 S. Broad Street, Phila., PA 19148		Marital Status: Single		
Telephone Number : C/o 215 551 9099		Spouse's Name (if applicable):		
FABULOSO PRODUCT INFORMATION				
Name of Fabuloso product(s) involved:  see receipts and product paper work attached relating to Multipurpose				
Scent and color of the Fabuloso product(s) involved:				
Where was the Fabuloso product(s) purchased? If you have a receipt or invoice showing proof of purchase, please provide contemporaneously with this Form.  see attached				
Date the Fabuloso product(s) were purchased:  see attached receipts				
If the Fabuloso product(s) were purchased by anyone other than the Consumer, please provide the purchaser's full name and address:				
Product purchased by someone else and used by the consumer, Patricia Bevins.				
Do you still have any Fabuloso products in possession and visit Fabuloso® Recall.com possession. To the extent that you have a F please provide photographs of the contains captured in the photographs.	for more informatic Fabuloso product in	on. If no, please advise how and way your possession that you believe	hen they left your is part of the recall,	
No.				
What is the UPC and lot/manufacturing code number on the Fabuloso product(s)?				
Unknown. See Documentation and photos attached.				

EVENT INFORMATION	121-3 Filed 03/17/23 Fage 3 01 3
1. When did you first use the Fabuloso product(s) that y	you believe are a part of the recall?
January of 2023 or thereabout	
2. How many times / how frequently did you use the pr	oduct?
frequently, multiple times per week	
3. Where did you use the product?	
work	
4. Did anyone witness you using the product? If so, plea	ase provide their names and addresses.
yes, cleaning partner Lauren Watson	
5. Did you stop using the product? If so, please provide	the last day of usage.
some time around February of 2023	
6. Did you experience or exhibit any physical complain more information here including identifying the symptoms	its/conditions from using the product? If yes, please provide exhibited and the date of onset:
yes, dry, cracked, itchy, scarring	
_	
8. Have your symptoms and physical complaints si	nce resolved? If yes, please provide approximate date.
no continued discomfort, discolora	ation, scarring
9. If you answered "Yes" to question 6 above, have yes, please explain.	e you ever experienced those symptoms in the past? If
10. Do you have any preexisting medical conditions	or diseases?
none relevant	
Patricia Bevins Claimant Printed Full Name	Date
Claimant Signature	Date
Attorney Signature	Date